

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13452

State File No. 17

FILED MAY 4 1953

BIRTH NO.		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 161	
1. PLACE OF DEATH a. COUNTY Callaway 0143				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway 0140			
b. CITY OR TOWN Fulton		c. LENGTH OF STAY (If in this place) 1 yr		c. CITY OR TOWN Millersburg		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Callaway Hosp.				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Lloyd		a. (First)		b. (Middle) Wayne		c. (Last) Bryant	
5. SEX Male ()		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept 1, 1934	
9. AGE (In years last birthday) 18		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Hiway Trucking		11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph C. Bryant		13b. MOTHER'S MAIDEN NAME Ocie Ellen Watt		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph C. Bryant - Millersburg Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed Thorax DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ex. skull				INTERVAL BETWEEN ONSET AND DEATH 30 min	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cleveland Twp. Callaway Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4/25/53 12:01 A.M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Collision Highway 40					
22. I hereby certify that I attended the deceased from 12:18, to 12:30 A.M., 1953, that I last saw the deceased alive on 4/25/53, and that death occurred at 12:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert J. Linn, M.D. Coroner				23b. ADDRESS Callaway County Mo.		23c. DATE SIGNED 4/25/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/27/53		24c. NAME OF CEMETERY OR CREMATORY Callaway Cem.		24d. LOCATION (City, town, or county) (State) Millersburg Missouri.	
DATE REC'D BY LOCAL REG. Apr 30 - 1953		REGISTRAR'S SIGNATURE Marjorie Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mammie F. N. Fulton Mrs			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Harry A. Stewart

Licensed Embalmer No. 3772

P. O. Address *Fallon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.